Dated : 18.10.2021

To

Director/Dean/Principal,
All the medical colleges and attached hospitals

Subject : Advisory regarding Antimicrobial Resistance and misuse of antimicrobials.

Dear Madam/Sir,

I am forwarding a letter from Secretary, Ministry of Health and Family Welfare, Government of India regarding indiscriminate use of antimicrobials and development of Antimicrobial Resistance (AMR) leading to increase in the incidence of infection and avoidable Morbidity and mortality. All medical colleges have been advised to have Hospital Infection Control Committee (HICC) and Antimicrobial Stewardship (AMS) Committees. I am sure most medical colleges are already having it and those who are not having, should constitute these Committees. All hospitals and medical colleges should increase the activity of both the Committees and prepare guidelines for antibiotic use in their hospitals depending on prevalent organisms and antimicrobial sensitivity.

Thanking you for your continued support in improving both medical education and patient care service.

Thanking you,

(Dr. Suresh Chandra Sharma)

Encl.: As above
Dear Sir,

Antimicrobial resistance (AMR) has been recognised as a serious and growing public health threat globally that threatens the effective prevention and treatment of an ever-increasing range of infections. The problem of AMR assumes critical importance in the context of antibiotic resistance in bacteria.

One of the factors contributing to rapid emergence of AMR even to the newer antibiotics is the misuse and overuse of antimicrobials. In addition, inadequate access to water, sanitation and hygiene, poor infection prevention measures, lack of access to affordable and quality assured antimicrobials, vaccines and diagnostics, all contribute to the spread of drug resistant pathogens. MoHFW launched the National action plan on AMR (NAP-AMR) in April 2017 which is being implemented by various stakeholder Departments/Ministries.

It is important to replace syndromic management of infectious diseases with laboratory evidence-based treatment to prevent overuse or misuse of antimicrobials. Implementing good infection prevention and control (IPC) practices to prevent spread of infections in health care facilities among patients and from patient to health care workers would also reduce antimicrobial use. These practices in day to day management of patients would further become a source of practical education for medical students, that is the future doctors, for rational use of antimicrobials. During the present pandemic, many health care workers got infected with COVID-19 due to inadequate IPC practices and many hospitalised patients succumbed to health care associated infections caused by AMR pathogens.

Medical colleges are one of the key stakeholders in judicious use of antimicrobials. The following are the important actions which are required to be implemented urgently towards AMR containment at medical colleges and associated hospitals in the country:

1. Implement AMR containment activities as committed in the National action plan on AMR that is to strengthen and consolidate AMR and related topics as core components of professional education and training.

   a. All clinical subjects in nursing and medical education must include practical education and evaluation on AMR, judicious use of antimicrobials, antimicrobial stewardship and infection prevention and control.
   b. Review and develop curriculum and resources for in-service training of different health professionals and allied services.
   c. Mandate periodic training of health care professionals to optimise antibiotic use and strengthen Infection prevention & control through pre-service and in-service trainings.
2. All medical colleges must have the mandate, minimum infrastructure, manpower and other resources to:

   a. Ensure well-functioning hospital Infection control committees (HICC) which meet regularly to develop and monitor the implementation of concrete action plan for Infection Prevention and Control (IPC) practices and surveillance of Healthcare associated infections (HAIs).

   b. Ensure well-functioning Antimicrobial Stewardship (AMS) Committees which meet regularly to develop and monitor implementation of AMS practices towards judicious use of antimicrobials in the hospital through formally identified AMS teams.

   c. For the above two activities, it is essential that the hospitals have well-functioning, well utilised 24x7 microbiology laboratories actively involved in management of patients with infectious diseases. AMR Surveillance data generated by such well-functioning and well utilised labs is to be used at the facility level to develop antibiotic policy and further can be collated at the state and the National level to assess the magnitude of the problem.

   I look forward to your support in implementing the above activities for AMR containment in the medical colleges, both government and private, through appropriate changes in the curriculum and regulations.

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   (Rajesh Bhushan)

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